

## **Application Information**

Application Number:: 10/733,647

Filing Date:: December 12, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

**Sequence Submission?::** 

**Computer Readable Form** 

(CFR)?::

Number of Copies of CFR::

Title:: BLOW CYLINDER WITH FLUID CUSHION

Attorney Docket Number:: 29953-187825

Request for Early Publication?::

Request for Non-Publication?::

**Suggested Drawing Figure:** 2

Total Drawing Sheets:: 2

**Small Entity?::** 

**Latin Name::** 

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

**Licensed US Govt. Agency::** 

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

## **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship:: U.S.A.

Country:: U.S.A.

Status:: Full Capacity

Given Name:: Marshall

Middle Name::

Family Name:: MILLER

Name Suffix::

City of Residence:: Oil City

State or Province of Residence: Pennsylvania

Country of Residence:: U.S.A.

**Street of Mailing Address::** 505 E. 3<sup>rd</sup> Street

City of Mailing Address:: Oil City

State or Province of Mailing Pennsylvania

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing 16301

Address::

**Applicant Authority Type::** Inventor

Primary Citizenship:: U.S.A.

Country:: U.S.A.

Status:: Full Capacity

Given Name:: Bernie

Middle Name::

Family Name:: KLINGENMAIER

Name Suffix::

City of Residence:: York

State or Province of Residence: Pennsylvania

Country of Residence:: U.S.A.

**Street of Mailing Address::** 3120 Skylight Drive West

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City of Mailing Address:: York State or Province of Mailing Pennsylvania Address:: Country of Mailing Address:: U.S.A. Postal or Zip Code of Mailing 17402 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::** City of Mailing Address:: State or Province of Mailing Address:: **Country of Mailing Address::** Postal or Zip Code of Mailing Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: Full Capacity Given Name:: Middle Name::

Family Name::

|                            | Name Suffix::                                       | •            |  |                      |                      |  |  |  |
|----------------------------|---|--------------|--|----------------------|----------------------|--|--|--|
|                            | City of Residence::                                 |              |  |                      |                      |  |  |  |
|                            | State or Province of                                | Residence::  |  |                      |                      |  |  |  |
|                            | Country of Residence                                | e::          |  |                      |                      |  |  |  |
|                            | Street of Mailing Add                               | iress::      |  |                      |                      |  |  |  |
|                            | City of Mailing Addre                               | ess::        |  |                      |                      |  |  |  |
| •                          | State or Province of Address:: Country of Mailing A | •            |  |                      |                      |  |  |  |
|                            | Postal or Zip Code o<br>Address::                   | f Mailing    |  |                      |                      |  |  |  |
|                            | Correspondence                                      | Information  |  |                      |                      |  |  |  |
|                            | Correspondence Cus Number::                         | stomer       | 26694                                  |                      |                      |  |  |  |
|                            | Phone Number::                                      |              | 202-344                                |                      |                      |  |  |  |
|                            | Fax Number::<br>E-Mail Address::                    |              | 202-344-8300<br>KGHADDAWAY@VENABLE.COM |                      |                      |  |  |  |
|                            |   |              |  |                      |                      |  |  |  |
| Representative Information |   |              |  |                      |                      |  |  |  |
|                            | Representative Cust Number::                        | omer         | 26694                                  |                      |                      |  |  |  |
|                            | Domestic Priority                                   | Informatio   | n                                      |                      |                      |  |  |  |
|                            | Application::                                       | Continuity T | уре::                                  | Parent Application:: | Parent Filing Date:: |  |  |  |
|                            |   | Continuatio  | n of                                   |                      |                      |  |  |  |
|                            |   | Continuatio  | n of                                   |                      |                      |  |  |  |
|                            |   | Continuatio  | n of                                   |                      |                      |  |  |  |

**Continuation of** 

## **Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |

## **Assignee Information**

Assignee Name:: Graham Packaging Company L.P.

Street of Mailing Address:: 2401 Pleasant Valley Road

City of Mailing Address:: York

State or Province of Mailing PA

Address:: U.S.A.

Postal or Zip Code of Mailing 17402

Address::